Borough of Nuneaton.

Annual Report

for 1922.

SCHOOL MEDICAL SERVICE.

K. E. TAPPER, O.B.E.,
School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE OF THE BOROUGH OF NUNEATON.

Alderman R. W. Swinnerton, M.B.E., J.P. (Chairman).
Alderman E. F. Melly, J.P. (Vice-Chairman).
Miss Swinnerton.
His Worship the Mayor—Alderman W. French, J.P.
Deputy Mayor—Alderman J. Randle.

Alderman J. A. Cartwright.
,, T. Horton, J.P.
,, C. Reader.
,, T. W. Sands, J.P.
Councillor H. Axon.
,, G. Bailey.
,, J. Bates.
,, A. C. Buckler.
,, C. G. Burton.
,, W. Cooper.
,, W. Croshaw.
,, S. O. Currin.
,, B. Daffern.
,, H. Davies.
,, G. Harvey.
,, D. King.
,, F. Marriott.

Councillor W. Matthews.
,, E. P. Pembleton.
,, T. H. Phillips.
,, L. E. Price.
,, A. Roberts.
,, H. Robottom.
,, G. H. Taylor.
,, F. Wapples.
,, H. Warmington.
,, R. Worthington.
,, J.H.Whitehouse.
Mr. G. R. Biggs.
Mr. T. Daffern.
Mr. A. Grain.
Mr. F. Johns.
Dr. E. Nason.

Director of Education:
Mr. J. C. Bennell, M.A.

STAFF.

The School Medical Staff during the year 1922 consisted of the following :—

SCHOOL MEDICAL OFFICER (who is also Medical Officer of Health).—K. E. Tapper, O.B.E., M.B., D.P.H.

SCHOOL OCULIST (part-time, one half day per week).—H. W. Archer-Hall, L.R.C.P., M.R.C.S., D.O. (Oxon).

SCHOOL DENTIST (part-time, four half-days per week).—Mr. G. E. B. Williams.

DENTAL ATTENDANT (part-time, six half days per week).—Mrs. Bright.

SCHOOL NURSES (whole time).—Miss W. Payne, Miss R. Downs.

CLERKS (joint whole-time with the Health Department).—Miss W. Wood, Miss I. Biggs.

Operations for Tonsils and Adenoids performed at the School Clinic by Mr. C. J. Taylor, M.D., B.C., M.A. (Oxon).

INTRODUCTION.

School Medical Department,
Cambridge House,
Nuneaton,
March 12th, 1923.

To the CHAIRMAN and MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Lady, and Gentlemen,

It is my honour to submit to you my first Annual Report as your School Medical Officer.

The report is subdivided under five main headings—

1. Extent of the School Medical Service.
2. Organization of School Medical Service.
3. Hygiene of School premises.
4. Review of the Routine Medical Inspection.
5. Treatment of minor ailments.

The statistical tables are submitted as an appendix.

I hope that some of the facts submitted in my Annual Report as Medical Officer of Health will not be disregarded in considering the social welfare of the school child.

I would like to express my appreciation of the very skilful and tactful manner in which the School Nurses have carried out their difficult tasks and of the patient and willing services of the clerical staff, without whose careful records I should not be able to submit this report.

I have to thank Mr. Bennell for his helpful advice, the Education Committee and School Management Committee for their keen sympathy in promoting the welfare and health of the school child, and for their indulgence towards their new School Medical Officer.

I have the honour to be,
Mr. Chairman, Lady and Gentlemen,
Your obedient Servant,
K. E. TAPPER,
School Medical Officer.

I.

THE EXTENT OF THE SCHOOL MEDICAL SERVICE.

The aim of the School Medical Service is to discover early signs of disease in the young generation, during that period of life in which the physical body is more likely to be endangered by a minor ailment, and upon the health of which period so much depends on the development of our adult race.

Having discovered the early signs of disease, or any departure from the normal, it is our aim to remedy the defect, to advise in the way of prevention, and to educate the people to the fact that health can be maintained by abiding in the laws of health set us by nature, rather than by the purchase of patent medicines.

The collection of mass statistics, so important a branch of the School Medical Service, leads to the discovery of the root causes of many ailments affecting the life of our children ; it would be useless to collect these facts if we did nor act upon them.

When one realises that in the year's work the school nurses made 13,897 examinations, paid 982 visits to the homes of the children and 314 visits to the schools, one can realise the value of the School Medical Service, not only in the treatment and prevention of the minor ailment, but as an agent in the Health Education of the people of our Borough.

There is still much to be done, for it is far too common for people to seek the unskilled advice of a neighbourly woman or of misdirected " quacks."

Early treatment is essential in acute diseases, provided that such early treatment be skilled ; to neglect this in the beginning may make all the difference between the cure or chronic invalidity of the child concerned.

A statistical summary of the School Medical Service might give some indication of a year's work, and when one considers that this work is done at an annual inclusive cost to the local rates of $1\frac{3}{4}$d., one can feel that this is not only an economical service but one that is playing no unimportant part in the building up of a healthy race of people.

School Inspections.

1.	Individual children examined at School Medical Inspection	1872
2.	Individual children examined at School Dental Inspection	2164
3.	Individual examinations at School Vermin Inspections	11041

School Clinic.	*Children*	*Attendances*
1. Children medically examined at minor ailment Clinic	1163	4176
2. Children medically treated at Treatment Clinic	945	4386
3. Dentally treated at Dental Clinic ..	651	878
4. Children specially treated at Eye Clinic	149	301
5. Children operated upon for tonsils and adenoids	51	—
6. Children treated for ringworm by X-ray	64	—

II.

THE ORGANIZATION OF SCHOOL MEDICAL SERVICE

Co-ordination with the Public Healh Services.

This is established ; and continuity of health supervision exists for the child from birth till the age of 14 years, when the child passes either to employment or to Secondary Education, where it comes under the County Council's School Medical Service.

The School Medical Officer is also Medical Officer of Health.

The clerical staff is a joint one between the Education Authority and the Public Health Authority, thus not only is there continuity of medical supervision but there is also continuity of records of the child's health.

It is this centralisation of work which leads not only to efficiency but also to true economy.

The Teachers and Attendance Officers have shown interest and given keen help towards the success of the School Medical Service. Their happy co-operation has been invaluable to me.

The attendance of the parents at the medical inspections has been maintained and the extensive use made of the School Clinic show that the School Medical Service is an established factor in the medical provisions of the Borough.

The National Society of Prevention of Cruelty to Children is the chief voluntary agency in close co-operation with the Medical Service. The recent appointment of an Officer to the Borough is an important step forward and he is proving a very useful adjunct in dealing with the feckless parent.

One feels the lack of a Children's After-Care Committee in the Borough, but the near future may see this too an established factor in the care of the school child.

Medical Staff.

The School Medical Officer, in addition to administrative duties, carries out the School Medical Inspections and attends daily at the School Clinic.

Part-time Medical Officers carry out the specialist service. Dr. Rudd (and earlier in the year Dr. Archer-Hall), attends as School Oculist one half day per week. Dr. C. Taylor attends the School Clinic at least one morning per week to perform the operations for removal of Tonsils and Adenoids.

Dental Staff.

Mr. G. E. B. Williams is the School Dentist and gives his services on four half days a week. He has a Dental Assistant who is engaged on six half-days a week.

Nursing Staff.

This consists of two nurses—Miss Payne and Miss Downs. Each is responsible for a district of the Borough, and works in close co-operation with the Health Visitors and Infectious Disease Nurse.

They attend at the School Clinic daily and attend the Routine Medical Inspections. They carry out vermin inspections of their respective schools every school term, and follow up all ailing and defective children in their homes.

They have both shown tact and aptitude in their work and have played a large part in making the School Medical Service an efficient one.

Clerical Staff.

This is a joint one with the Health Department.

The task set Miss Wood and Miss Biggs is a heavy one, but one that they have always carried out with great credit.

The keeping of the individual medical records of over 7,000 school children is no light work.

III.

ACTION TAKEN TO PREVENT SPREAD OF INFECTIOUS DISEASES.

Infectious diseases cause more loss of school attendance than any other group of diseases.

It is thus fortunate that there is centralisation of work of the School Medical Officer and the Medical Officer of Health.

I am indebted to the Teachers and School Attendance Officers for their help in carrying out the routine in force during previous years.

Measles and Whooping Cough were the main causes of loss of attendance from infectious disease; during the latter half of the year it was found necessary to close the Infant Departments of most of the schools.

The Health Committee in September made Measles in children under 5 years of age a notifiable disease, and this step, together with the appointment of a Fever Nurse to nurse such cases in their homes played a large part in the prevention of the usual crippling effects that so frequently follow that disease.

A Measles epidemic is an extremely difficult one to control, for it is chiefly the early stage that passes the infection. Disinfectants will not prevent or counteract the infection, and the policy of the previous generation must be overruled by the knowledge that the spread of infection is 99 per cent. by the infected person and 1 per cent. by the infected thing. Spraying of walls and ceilings with a doubtful disinfectant is practically useless.

Thus preventive action must be along these lines—to control the infected person and so prevent the spread of the infection in the schools.

Chickenpox, in the latter part of the year, was prevalent and of a more serious type than usual.

It was made a temporarily notifiable disease during the latter months.

Diphtheria. Twelve school children contracted Diphtheria and there were no secondary cases in the schools.

Scarlet Fever. 199 cases of Scarlet Fever were notified; 62 per cent. of these occurred among school children, so that this infectious disease, including cases and contacts, accounted for considerable loss of school attendance.

The type of infection was mild and only one secondary case arose.

IV.

HYGIENE OF SCHOOL PREMISES.

A high standard is maintained throughout the Borough, the Head Teachers showing a keen appreciation of the importance the environment plays on the mental and physical output of the child.

The older Church Schools have many obsolete structural defects to correct before they can reach the high standard set by the modern Council Schools, which in every way fit our present day ideals of school hygiene. One would like to see the principles of Open Air Schools adopted in all our Schools, for what is good for the phthisical patient is certainly good for the comparatively healthy child; likewise we would be content if the hygiene of the homes equalled that of the schools.

The lessons of cleanliness at the schools, both personal and environmental, will in time carry the effect into the homes of the careless people, and one day we may expect this fundamental principle of Public Health to be universally adopted.

As an appendix I have submitted a list of schools giving the accommodation and average attendance. It will there be seen that the Council Schools with their hygienic structures provide more than half the accommodation in the Elementary Schools.

V.

GENERAL REVIEW OF ROUTINE MEDICAL INSPECTIONS.

1,872 Children were examined by the School Medical Officer at the Routine Medical Inspections at the Schools; the three age groups, viz., Entrants, Intermediates, and Leavers, as usual being examined.

Many of these children, as can be seen by the tables in the appendix, showed evidence of ailment of a minor or major nature. All so suffering were referred for treatment or kept under Medical observation for incipient illness, either at their homes, at school or at the School Clinic. Many trifling disorders are thus prevented from growing in seriousness. Major ailments are not infrequently discovered at these routine inspections, mainly due, I believe, to the irresponsible or indifferent parent (and unfortunately such do exist) failing to seek the skilled advice of their doctor in the beginning.

It is noteworthy how keen an interest is taken in these inspections by the parent and by the School Teachers, and how seldom it is that the advice offered is disregarded. The secret of this success is due to the efficient following up by the School Nurses of any child suffering from a minor ailment. This care of the minor ailment is the very heart of prevention of disease and chronic ill health.

Special Medical Inspection.

Apart from the routine inspections, 2,040 children came under my special supervision during the year. Many of these children are referred to me by Head Teachers and School Attendance Officers. The total individual children examined numbered 2,564.

In the following pages I shall discuss the general health conditions of the children examined at the Routine inspections at the school.

Height, weight, and general condition.

The physical standard of the child in Nuneaton is good. This is my general impression as an incoming Medical Officer, and I believe augers well for the future standard of our adult population. Comparisons are difficult without detailed investigations, but the impression remains that the school child of Nuneaton is of good physique, a fact which plays an important part in the defence against crippling diseases.

Clothing.

Here I think the standard falls and is worse in some areas than in others. It is far too common to see faulty boots and bad clothing. This does not necessarily mean poor and neglected clothing of the child, rather the tendency is otherwise—to overclothe the child and so affect the natural heat regulation of the body. Anything that leads to such unnatural conditions is to be deprecated, for it results in a susceptibility to contract catarrhal conditions of the respiratory tract, which in turn is a factor in the causation of a high respiratory disease rate of the Borough.

Bad footwear is in the main due to poverty, and it is in this respect that a voluntary Boot Club would be a useful adjunct to the School Medical Service.

Malnutrition.

167 Children out of the 1,872 children examined at Routine Medical Inspection showed to a varying extent evidence of malnutrition. An investigation into these cases in no way demonstrated the fact that such children were suffering because of low wages or unemployment in the Borough, but rather to causes more easily remediable. The chief of these causes I believe to be a general lack of knowledge in the efficient dietary of a child. One cannot but be impressed with the fact that the hours of feeding are irregular and somewhat haphazard. It is not uncommon for the housewife in the homes of these debilitated children to prepare the mid-day meal at three different times—the miners' time, the factory time, and the school time. This cannot be either satisfactory or economical in the management of the home, and no doubt partly explains the present day prevalence of dyspeptic people young and old. There is, too, the ignorance among the poor people of the food value of the cheaper articles—whole meal bread, germinating pulses, green vegetables, fruit and milk contains the vitamines so essential to a growing child. These are cheap foods and are of far greater value than tinned peaches and tinned salmon and fish and chips. Milk, and clean milk, should be the main article in the diet of the child, and yet how few children know the taste of milk as milk.

Sleep, or rather the lack of it, is another factor in the debilitated child, for it is common to find that such children keep the hours of the elders.

The slothful and ignorant parent, too, plays a part in these 167 cases. A parent who cannot manage himself or herself cannot be expected to have control over the ways of health of their child.

The hereditary and antenatal factor as a cause is an important one, one I hope which will tend to disappear when an efficient ante-natal service exists in the Borough. Finally the environment—cleanliness, sunshine and fresh air—the fundamental elements of health, exist in the schools; some day I hope they will exist in the homes of all.

Thus the causes of malnutrition in the school child, bad dietary, insufficient sleep, slothful parentage, inherited defects, and the want of a healthy home environment are matters all remediable by a health enlightened people. They are not remediable by patent medicines nor by the provision of school meals by a parental authority.

Uncleanliness.

Gross uncleanliness is seldom seen in the child attending the elementary schools, but much still remains to be done. This is shown by the fact that at the Routine Medical Inspections 396 children showed evidence of uncleanliness. The presence of evidence of body lice was more marked than evidence of the head lice. This tends to indicate that the home conditions are the main cause of this uncleanliness. It is certainly an established fact that conditions after the school holidays are always worse than during the school term, when these children are not only subject to inspection by the School Nurses, but the teachers' influence correct the neglect of the parent.

As an appendix I have submitted a table giving statistics of the vermin inspections made by the school nurses. If one turns up past medical reports, one can see the great improvement resulting from these inspections. I have seen only one gross case of a verminous child during the year of my office.

Defective Vision.

1,872 children were examined by Snellen's type, 103 suffered from defective vision and 10 from other diseases of the eye; 96 of these cases were referred for treatment under the School Oculist. The return of defective vision found at Routine Inspections, remains a constant figure, and no special cause was discovered. The lighting of schools was satisfactory, but in some of the obsolete school structures lighting effect is not of the best. The main cause of defective vision was the after result of an acute illness or of some general loss of vitality of the child.

Tonsils and Adenoids.

279 children showed evidence of the presence of enlarged Tonsils and Adenoids growth, and such cases were chiefly in the younger age group examined. These are serious conditions, apt to hinder the progress of the child. Tonsillar children are subject to recurrent sore throats, which may become the source of Rheumatic Fever or Chronic Rheumatism, with all the resulting debilitating effects of these diseases. Such children, too, are more liable to contract the infectious diseases through the Respiratory tract and enlarged tonsils are frequently the portals of entry of tuberculosis. Adenoid growths not only cause deafness and resulting Otorrhoea, Mouth breathing and its consequent ills, but may even retard the mental progress of the child.

The comparative absence of enlarged tonsils and adenoids in the older age group is, I believe, due to the treatment at the School Clinic.

Enlarged Cervical Glands.

145 children showed the glands of the neck to be enlarged. Though these glands are recorded as non-tubercular, there is always the tendency for such glands to develop this disease. The chief causes of enlarged glands are septic teeth and the absorption of poisons from diseased and enlarged tonsils. Other septic conditions such as Impetigo and nits in the head were also a frequent cause, and the remedy for such cases is obvious; but all other cases need careful observation. Where observation proved these cases to be tubercular, one must naturally suspect the cause to be through tubercular infected milk, for it is a sufficiently proved fact that glandular tuberculosis is mainly due to the Bovine type of the tubercle Bacillus.

Dental Defects.

Of the 1,872 children examined at Routine Inspections, 1,003 showed evidence of dental decay to a minor and major degree. The School Dentist in his Dental Inspections of 2,164 children found it necessary to refer 905 cases for treatment. This is a matter of great importance and of considerable concern to the Health Authority, especially when it is remembered that the mouth is the very gateway to the child's body, and from a dirty or defective mouth so much ill health results.

If there is bad digestion of food in the early age of a child's life, we cannot expect anything but dyspepsia and ill health in the after life of this child. The parents show considerable apathy towards the necessity of a hygienic mouth, and if we are to get a healthy school child the knowledge of dental hygiene must be extended. The idea is still prevalent that the first set of teeth are of no importance, an idea which is dangerous and against which every effort is being made by the school medical staff.

Skin Diseases.

That only 18 cases of skin disease were discovered at Routine Medical Inspection speaks highly for the care taken by the teachers and the school medical service in preventing such infectious cases attending among the healthy children. It is not to be taken that this small figure indicates the prevalence of skin diseases, for 619 children so suffering during the year came under the supervision and treatment of the school clinic.

The chief skin disease is Impetigo, which, while generally associated with lack of cleanliness, appears also to be due to the lack of a vitamine in the dietary of the child.

Heart and Blood Diseases.

Of the 1,872 children examined, 18 had symptoms of heart disease. These were chiefly of a functional character. Enlarged Tonsils and Chronic Sore Throats were generally co-existing conditions, which again demonstrates the fact that the apparently minor ailment is often the root cause of chronic invalidity.

The 12 cases of Anæmia were associated with the functional cardiac derangement. It is an established fact that Anæmia as a disease does now seldom occur in the school child, it has in fact become a "rara avis" in the adult population.

Lung Diseases.

33 cases had active evidence of lung disease (other than tubercular) and were chiefly of a sub-acute Bronchitis following on a neglected cold, or an infectious disease such as Measles; 23 other cases came under special supervision. These cases are not minor ailments, but conditions which might undermine the health of the child in its future life. Too much care of such cases cannot be taken, and one only has to look at the death-rate from Respiratory disease to realise this fact.

Such children should be taken from any environment that might lead to exaggeration of the complaint and placed under skilled advice until free of all active signs. Overcrowding, bad housing, bad feeding, bad teeth, bad clothing, and neglected infections, such things invite the disease ; patent medicines fail to cure, and personal, parental and public neglect aggravate it.

Tuberculosis.

Of the 1,872 children examined, 2 had definite evidence of Tuberculosis and 28 were of a pre-tubercular type. A further 6 cases of phthisis, 14 cases of non-Pulmonary Tuberculosis and 17 Pre-tubercular cases came under my notice as special cases. In addition to these new cases, 13 children suffering from active Tuberculosis of the lungs were excluded from school and 11 Tubercular children are in attendance in a non-infectious condition. Such children are kept under constant medical supervision either by their own doctor or by the Assistant Tuberculosis Officer. The School Medical Service is closely concerned with the pretubercular child, and it is in this respect that so much can be done by open-air schools. At the time of the report there are 44 children who need such treatment, and it is pleasing to report that this matter is receiving the attention of the Health Committee.

Crippling Defects.

These are mainly due to Tuberculosis and Infantile Paralysis. Rickets, fortunately, appears rarely in the Borough.

22 Children examined at Routine Inspection showed deformities, mainly the result of an Infantile Paralysis before their admission to school.

There are 5 children attending school crippled by results of Tuberculosis, 2 others are not in a fit state to attend ; 18 other crippled children, the result of Infantile Paralysis, are attending school, while 6 others are not fit to attend.

REVIEW UPON THE TREATMENT OF MINOR AILMENTS.

Provision made for Treatment.

Most of the defects discovered at Routine Inspection are of a more or less minor nature, most are in the main preventable, and most are amenable to treatment. This treatment is obtained

(1). From the general practitioner attending the family ;
(2). Through the general hospitals either at Nuneaton or the hospitals at Birmingham or Coventry ;
(3). Through the school Medical Service.

There are subsidiary schemes such as the Public Medical Service, where, by means of a small weekly subscription, the members of the family can receive the services of their doctor free. The Poor Law Service provides for those who come within their scope, a scope which would be increased if one would dismiss the stigma of poverty attached to it.

The general practioner is, and must remain, the main factor in the treatment of the child in ill health. Too much attention is given by the ignorant parent to the voice of the "Sarah Gamp," and to those chemists who not infrequently provide treatment for ailments which require the skilled attention of the doctor. To delay seeking skilled attention of their doctor is not economical in the end, it is certainly detrimental to the welfare of the child. The Nuneaton hospital provides for the cases of acute illnesses, but one realises that this scope must be extended if full General Hospital facilities are to be given to the people in Nuneaton. When this is established much travelling between Nuneaton and Birmingham and Coventry Hospitals will be avoided. This will be all to the good of the ailing child. The Royal Orthopaedic Hospital, Birmingham, and the Coventry and Warwickshire Hospital provide the Orthopaedic treatment for our school child. To these Hospitals the Education Committee subscribe.

The School Clinic provides

(1). Operative Treatment for Tonsils and Adenoids;
(2). Specialist for the treatment of defective vision and eye diseases.
(3). Treatment for Minor Ailments;
(4). Dental Surgeon for the Treatment of Dental Defects;
(5). X-ray treatment for Ringworm of the Scalp (co-operation with the Coventry School Medical Officer).

The Warwickshire and Coventry Tuberculosis Scheme provides skilled advice and treatment for the Tubercular child.

I think the Committee are to be congratulated upon the efficiency of the service they provide for the treatment of defects in the school children; the contemplated extension of the clinic to Stockingford area will add considerably to its usefulness.

The school clinic is an established factor in the medical service of the Borough, for during the year 1,163 children passed through the minor ailment clinic and made 4,176 attendances. This does not include the dental or eye or other specialised clinics; in addition, 4,386 attendances were made at the Treatment clinic for minor ailments. This gives some idea of the value of the School Clinic to the Borough.

Malnutrition.

The remedy lies in the correction of the causes fully described under a previous section. All badly nourished children are kept under observation either at the school or at the school clinic. A report is made on the home conditions and these remedied where possible. The carrying out of the advice depends naturally on the parent, and one feels that sometimes this is not carried out wholeheartedly. If such children could be taken from this environment and placed under skilled medical supervision I believe they would soon disappear from the statistical return. A great deal is done to prevent such cases arising, the remedy of the minor defects prevents many a case becoming one of gross debility, but to get results we must prevent the causes underlying the malnutrition.

Uncleanliness.

A cleansing station has been completed, but to date it has not been found necessary to resort to its use. The responsibility of cleanliness must be placed on the parent and the child. Any tendency to take over this parental duty must only detract from the prevention of the condition. The School Nurses have shown in this work keen interest and aptitude. It is due to their efficiency that verminous conditions are being eradicated from our schools. In two years the percentage of verminous children has fallen from 33·3 per cent. to 22 per cent. If the School Medical Service did naught else but this, it fully justifies its present day expenditure, for personal cleanliness of the individual is one of the first principles of health.

All school children are examined once in every school term. In the past a " follow-up " inspection was made at the school, but this I changed during the latter months of the year, and now instead of this follow-up inspection at the school, the nurses visit the homes of the children who gave evidence of vermin at the inspection. The nurse is then able to advise the mothers personally on the necessity of cleanliness and the best way to keep the child's head free from vermin. This not only results in more rapid eradication of vermin but plays an important part in Public Health propaganda. Special demonstration is given to the parent on the use of Sackers Combs, which are lent through the School Clinic, and many mothers are now taking advantage of these facilities. Appendix 10 gives detail results of vermin inspection carried out throughout the year.

Defective Vision.

149 children attended the school clinic for the attention and advice of the school Oculist. 103 of these patients were prescribed glasses, which are now obtained at a contract cost, through the courtesy of Mr. Whitehouse, for whose co-operation I am extremely grateful. His co-operation simplifies the following-up of those patients who have not obtained glasses and it is the exception that the delinquent patient does not capitulate to the advice of the School Medical Staff. All cases are regularly followed up and re-examined by the Oculist at defute intervals.

The chief eye defect was simple astigmatism, either hypermetropic or myoptic in type. The result of this all important service is to fit the child for his industrial life, for a young worker to have defective vision must detract from his earning capacity.

Tonsils and Adenoids.

An Operating Theatre is provided at the school clinic and a model recovery ward of three beds, where the children are kept under supervision by the school nurses after the operation; 51 cases were operated on during the year by the Surgeon—Dr. Taylor—the School Medical Officer acting as Anæsthetist. The School Nurses follow up the cases for a few days in their homes and the child is seen by the surgeon and School Medical Officer before its return to school. The after treatment, so important in the care of these cases, is carried out by the parent according to printed instructions, and the children are observed for a further period of 12 months after operation. The improvement that follows, not only in the local defects but in the general health of the child is in many cases remarkable.

Dental Defects.

642 children received treatment from the school dentist, 232 being re-treated. The total attendances—878—and the details shown in the Appendix (Table IV. D.2.) show the valuable work done by Mr. Williams. The teeth treated were chiefly those of the temporary set; this is due largely to the fact that the dental inspections comprised the early age group of the school child.

To treat the temporary teeth at the expense of the preservation of the permanent teeth is not a long sighted policy. Both are very necessary, but it is the latter, the preservation of the permanent teeth, that we are aiming at. When this is generalised throughout the children we will have reached our aim, so that the child shall begin its life after school age with a perfect set of dentition, and with the principles of mouth hygiene fully appreciated.

It is in this dental work that extension of the School Medical Service is needed; it is certainly a work necessary if we are to have a healthy school child.

Skin Diseases.

Impetigo is the most prevalent skin disease, and accounts for considerable loss of school attendance, and so the need of easy facilities for treatment and the quick cure of the patient.

310 children received treatment at the School Clinic, the average period of exclusion being 6·5 days. This speaks volumes for the value of these clinics, for similar cases treated at home gave an average exclusion period of 14 days.

Ringworm. 98 cases of ringworm of the scalp and 64 cases of ringworm of the body received treatment through the School Clinic.

X-ray treatment (received through the courtesy of the Coventry School Clinic) remains the surest and quickest treatment for ringworm of the scalp. 64 such cases successfully treated by X-ray during the year suffered no after effects, and the Committee are indebted to the Coventry School Medical Officer for the great skill and attention he has given these children. The School Nurses have shown patience and diligence in the epilation of these cases, an after treatment so necessary if a cure is to result.

Unfortunately there are many parents who still have a fear born of ignorance of X-ray, and such cases necessitate long continued local treatment. I may add that I have found the most successful local treatments to be nascent mercuric Iodide or malachite green and freezing.

Scabies. 50 cases were treated at the School Clinic. The intended use of the Cleansing Station for this purpose has not yet been called upon, as I have found the results following a routine course of Liq. Calcis Sulphurate very satisfactory. Should it at any time fail to bring results resort will be made to a Marcussen Routine at the Cleansing Station.

Lung Disease and Tuberculosis.

These are major ailments and do not come within the scope of treatment of the School Clinic.

Medical observation is kept on these children, but the treatment must be in the hands of the general practitioner.

General advice is always given and it is impressed on the mother that the elements of hygiene, fresh air, sunshine and good food are far preferable to a costly bottle of some " quack " medicine so often sought by the parent.

All tubercular cases receive the special advice of the Assistant Tuberculosis Officer—Dr. Cyriax.

Crippling Defects.

All defects whether Tubercular or the result of Infantile Paralysis are kept under supervision at the School Clinic.

All cases requiring treatment are referred either to Birmingham or Coventry for the skilled advice of the Orthopædic Surgeon.

Many of these defects are preventable, but unfortunately by the time the disability is discovered the damage has been done. Many of them arise from an apparently mild illness for which a doctor's service has not been considered necessary. So is lost the early treatment so essential in the prevention of a future gross defect. Many of these defects arise before the child's entry to school, and provision is now made under the Maternity and Child Welfare Scheme, for the services of an Orthopædic Surgeon. By this means we hope to prevent the gross defect so often seen on the child's entry to school.

Blind and Defective Children.

Table 3 appendix gives particulars of these children and every effort is being made to discover and classify cases brought to my notice.

The routine approved by the Board has been continued to be acted upon, but at the same time there are financial difficulties that prevent full treatment being put into practice. There are no special classes in the Borough for the defective or dull and backward child.

Eight children are being maintained in special Institutions, 4 at Certified School for the Blind, 2 at a school for Deaf and Dumb and 2 in a mentally defective School.

Three blind children are awaiting vacancies.

82 children are recorded as dull and backward, 18 of whom are retarded more than three years. It is such dull and backward children that would benefit from a special class. If we could have such children under special education with the provision of a mid-day meal and constant medical supervision one feels convinced that the results would fully justify the expenditure necessary.

Deaths of School Children.

40 children died during the year 1922 between the ages of 5 and 15 years. The chief cause of death being Tuberculosis; 10 children dying from this disease.

Employment of Children.

Byelaws affecting the employment of children and street trading of young persons came into force in the Borough in 1920. The system adopted in that year has continued to work well and the following employment cards were issued.

	Boys.	Girls.	Total.
Delivering Newspapers	18	0	18
Assisting at Market Stalls	6	0	6
Errand Boys	10	0	10
Helping in Shop	1	1	2
,, Garden	1	0	1
	36	1	37

Street trading licences have been issued in the following cases :—

Newspaper Hawking	8 boys.
Ice Cream Hawking	1 boy.

The raising of the school age to 14 years is an important one from the School Medical aspect. It most certainly allows the physical development of the boy to progress in order to fit him for the hard life so many young persons undertake on leaving school.

CONCLUSION.

The School Medical Service is the logical sequence of the Child Welfare Movement. The impaired health of the child in its ante school life affects its health in its school period. The aim of the School Medical Service is to remedy these defects and to prevent further ones arising, so that the health of the post school child may not be affected.

The report, I believe, brings out these facts, it certainly shows the extensive nature of the work carried out and the great use made of it by the public.

Much still remains to be done, for the routine inspections still contnue to show a high percentage of ailments that are preventable, defects that hinder the physical and mental progress of the child, and which will finally affect his usefulness as an adult citizen.

LIST OF TABLES.

TABLE (1)—Number of children inspected.

,, (2)—Defects found on examination.

,, (3)—Return of Exceptional Children in Area.

,, (4) (a) Treatment of Minor Ailments.

(b) ,, ,, Visual Defects.

(c) ,, ,, Defects of Nose and Throat.

(d) ,, ,, Dental Defects.

,, (5)—Summary of Treatment of Defects in Table 4.

,, (6)— ,, relating to Children Inspected.

,, (7)—Accommodation, etc., at Schools in the Borough.

,, (10)—Summary of Vermin Inspection by School Nurses.

TABLE 1.

NUMBER OF CHILDREN INSPECTED DURING 1922.

A.—ROUTINE MEDICAL INSPECTION.

ENTRANTS.	3.	4.	5.	6.	other ages.	Total.
Boys ..	—	41	169	90	13	313
Girls ..	—	39	208	93	10	350
Total ..	—	80	377	183	23	663

	Intermediate Group	Leavers			Other Ages.	Total.	Grand Total.
	8.	12.	13.	14			
Boys	298	177	74	—	—	549	862
Girls	333	214	109	2	2	660	1010
Total	631	391	183	2	2	1209	1872

B.—SPECIAL INSPECTIONS.

	Special cases.	Re-examinations (i.e. No. of children re-examined).
Boys and Girls	2040	1165

C.—No. of individual children inspected (Routine and Specials) 2564

TABLE 2.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1922.

Defect or Disease.		Routine Inspections.		Specials.	
		Number referred for Treatment.	Number requiring to be kept under observation but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition		—	1	2	6
Uncleanliness, head		396	1	156	1
,, body		115	2	2	0
Skin	Ringworm, head	1	—	98	3
	,, body	—	—	64	2
	Scabies	—	—	52	0
	Impetigo	2	—	309	1
	Other Diseases (non-Tubercular)	2	—	89	3
Eye	Blepharitis	3	1	20	—
	Conjunctivitis	—	1	18	—
	Keratitis	—	—	—	—
	Corneal Ulcer	—	—	1	—
	Corneal Opacities	1	—	—	—
	Defective Vision	73	—	56	1
	Squint	19	—	5	—
	Other Conditions	—	—	20	—
Ear	Defective Hearing	6	2	13	1
	Otitis Media	2	—	4	—
	Other Ear Diseases	3	—	63	4
Nose and Throat	Enlarged Tonsils	4	28	9	5
	Adenoids	9	11	16	10
	Enlarged Tonsils and Adenoids	17	15	32	14
	Other Conditions	—	1	109	3
Enlarged Cervical Glands		7	8	59	4
Defective Speech		—	—	—	—
Teeth : Dental Disease		199	2	173	—
Heart and Circulation.	Heart Disease :				
	Organic	1	—	4	7
	Functional	2	9	4	8
	Anaemia	0	4	2	0
Lungs	Bronchitis	4	6	20	7
	Other Non-Tubercular Diseases		3	3	1
Tuberculosis	Pulmonary :				
	Definite	—	—	6	6
	Suspected	4	16	17	24
	Non-Pulmonary :				
	Glands	—	—	3	6
	Spine	—	—	3	—
	Hip	—	—	3	2
	Other Bones and Joints	—	—	—	2
	Skin	—	—	3	1
	Other Forms	—	—	2	1
Nervous System	Epilepsy	—	—	—	2
	Chorea	—	2	6	6
	Other Conditions	—	1	1	3
Deformities	Rickets	—	1	1	—
	Spinal Curvature	2	2	2	2
	Other Forms	—	2	2	5
Other Defects or Diseases		4	21	344	53
No. of individual children having defects which required treatment or to be kept under observation					1,505

TABLE 3.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1922.

			Boys.	Girls.	Total
Blind— (including partially blind) within the meaning of the Elementary Ed. (Blind & Deaf Children) Act, 1893.		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Blind	2	2	4
		Not at School	2	1	3
Deaf and Dumb— (including partially deaf) within the meaning of the Elementary Ed. (Blind & Deaf Children) Act, 1893.		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Deaf	2	—	2
		Not at School	—	1	1
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools	9	8	17
		Attending Certified Schools for Mentally Defective Children	1	1	2
		Notified to Local Control Authority by Local Education Authority during year	—	—	—
		Not at School	5	1	6
	Imbeciles.	At School	—	—	—
		Not at School	2	1	3
	Idiots.	.. ..	—	—	—
Epileptics.		Attending Public Elementary Schools	1	—	1
		Attending Certified Schools for Epileptics	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	1	1	2
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	6	5	11
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools	—	2	2
		Not at School	5	8	13
	Crippling due to Tuberculosis.	Attending Public Elementary Schools	3	2	5
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	2	—	2
	Crippling due to other causes than Tuberculosis, *i.e.*: Paralysis. Rickets. Traumatism.	Attending Public Elementary Schools	8	10	18
		Attending Certified Schools for Phy. Def. Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	4	2	6
	Other Physical Defectives, *e.g.*— Delicate and other Children suitable for admission to Open-air Schools. Children suffering from Severe Heart Disease.	Attending Public Elementary Schools	15	29	44
		Attending Open-air Schools	—	—	—
		Attending Certified Schools for Phy. Def. Children	—	—	—
		Other than Open-air Schools	—	—	—
		Not at School	8	5	13
Dull or Backward ..		Retarded 2 years	48	16	64
		Retarded 3 years	11	7	18

TABLE 4.

TREATMENT OF DEFECTS OF CHILDREN DURING 1922.

A.—TREATMENT OF MINOR AILMENTS.

DISEASE or DEFECT.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		Total.
		Under Local Education Authority's Scheme.	Otherwise.	
Skin :—				
Ringworm, head.. ..	99	98	1	99
,, body ..	64	64	—	64
Scabies	52	50	2	52
Impetigo	312	310	2	312
Minor Injuries ..	—	—	—	—
Other Skin Diseases ..	91	86	5	91
Ear Disease	85	67	5	72
Eye Disease (external and other)	63	54	3	57
Miscellaneous	348	216	62	278

B.—TREATMENT OF VISUAL DEFECTS.

Number of Children.

Referred for Refraction.	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for treatm't other than by Glasses.	Received other forms of Treatment.	For whom no treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.	Under Local Education Authority's Scheme				
191	149	—	—	149	103	66	10	10	36

In addition 106 children were examined.

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	NUMBER OF CHILDREN.			
	Received Operative treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme. Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
196	51	—	51	77

D.—TREATMENT OF DENTAL DEFECTS.

(1) Number of children dealt with.

	Age Groups.											Spec-ials.	Total.
	4	5	6	7	8	9	10	11	12	13	14		
Inspected by Dentist ..	157	244	461	832	134	0	0	0	0	63	7	266	2164
Referred for Treatment													905
Actually Treated													642
Retreated (result of periodical Examination)													232

(2) Particulars of time given and of operations undertaken.

No. of half-days devoted to Inspection.	No. of half-days devoted to Treatment.	Total No. of attendances made by the Children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anaesthetics. in 4 and 6.	No. of Regulation Plates fitted.	No. of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.				Permanent.	Temporary.
1	2	3	4	5	6	7	8	9	10	11	12
42	114	878	72	138	1187	50	188	0	8	43	421

TABLE 5.

SUMMARY OF TREATMENT OF DEFECTS AS SHEWN IN TABLE 4. (A.B.C.D. and F., but excluding E.)

DISEASE OR DEFECT.	NUMBER OF CHILDREN.			
		Treated.		
	Referred for Treatment.	Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments.. ..	766	729	18	747
Visual Defects ..	191	149	—	149
Defects of Nose & Throat	196	51	77	128
Dental Defects	1287	642	9	651
Other Defects	348	216	62	278

TABLE 6.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1922.

(1)	Total number of children medically inspected at routine inspections	1,872
(2)	Number of children in (1) suffering from :—	
	Malnutrition	167
	Skin diseases	18
	Defective Vision (including Squint)	103
	Eye Disease	10
	Defective Hearing	15
	Ear Disease	20
	Nose and Throat	279
	Enlarged Cervical Glands (non-tubercular)	145
	Defective Speech	1
	Dental Disease	1003
	Heart Disease :—	
	Organic	2
	Functional	16
	Anaemia	13
	Lung Disease (non-Tubercular)	33
	Tuberculosis :—	
	Pulmonary, definite	1
	,, suspected	28
	Non-Pulmonary	1
	Disease of Nervous System	10
	Deformities	22
	Other Defects and Diseases	102
(3)	Number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	154
(4)	Number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.	338
(5)	Number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	237

ACCOMMODATION PROVIDED IN PUBLIC ELEMENTARY SCHOOLS.

---

1. Council Schools.

Name of School.	Accommodation.	Average Attendance last School Year.
Attleborough	594	588
Chilvers Coton	785	728
Galley Common	299	263
Queen's Road	1348	1210
Stockingford	1360	965

2. Non-Provided Schools.

Name of School.	Accommodation.	Average Attendance last School Year.
Abbey Street C. of E.	689	683
Attleborough C. of E.	477	326
Chilvers Coton C. of E.	519	506
Heath End C. of E.	288	274
St. Joseph's R.C.	172	167
Vicarage Street C. of E.	913	680

Total accommodation provided in Public Elementary Schools :—

Council Schools	4,342
Non-Provided Schools	3,447
	7,789

VERMIN INSPECTIONS.

1922.

Senior Boys.

	School.	No. examined.	No. verminous.	Percentage verminous.	Exclusions.	Percentage.
Non-Provided Schools.	A.	400	27	6.7		
	B.	376	53	14.09	—	—
	C.	301	21	6.9	—	—
	D.	102	3	2.9	—	—
	E.	129	12	9.3	—	—
	F.	214	—	—	—	—
	G.	46	1	2.1	—	—
	H.	533	56	10.5	2	.3
Provided Schools.	I.	365	25	6.8	—	—
	J.	257	2	.7	—	—
	K.	570	62	10.8	—	—
	L.	406	4	.98	—	—
		3699	266	7.2	2	.05

Senior Girls.

	School.	No. examined.	No. verminous.	Percentage verminous.	Exclusions.	Percentage.
Non-Provided Schools.	M.	355	140	39.4	7	1.9
	N.	295	159	53.9	1	.3
	O.	241	66	27.3	—	—
	P.	85	25	29.4	—	—
	Q.	145	51	35.1	2	1.3
	R.	179	37	20.6	—	—
	S.	48	14	29.1	—	—
	T.	479	163	34.0	13	2.7
Provided Schools.	U.	410	173	42.1	3	.7
	V.	216	41	18.9	—	—
	W.	591	269	45.5	11	1.8
	X.	356	97	27.2	7	1.9
		3400	1235	36.3	44	1.2

Junior Boys.

	School.	No. examined.	No. verminous.	Percentage verminous.	Exclusions.	Percentage.
Non-Provided Schools.	1.	191	17	8.9	3	1.5
	2.	126	16	12.6	1	.7
	3.	105	2	1.9	1	.9
	4.	38	—	—	—	—
	5.	135	41	30.3	1	.7
	6.	129	3	2.3	—	—
	7.	53	—	—	—	—
	8.	195	20	10.2	4	2.0
Provided Schools.	9.	201	16	7.9	—	—
	10.	131	5	3.8	—	—
	11.	397	57	14.3	—	—
	12.	149	2	1.3	—	—
		1850	179	9.7	10	.5

Junior Girls.

	School.	No. examined.	No. verminous.	Percentage verminous.	Exclusions.	Percentage.
Non-Provided Schools.	13.	289	88	30.4	11	3.8
	14.	158	61	38.6	—	—
	15.	87	16	18.3	—	—
	16.	54	19	35.1	1	1.8
	17.	141	63	44.6	5	3.5
	18.	124	27	21.7	1	.8
	19.	28	3	10.7	—	—
	20	139	55	39.5	6	4.3
Provided Schools.	21.	206	56	27.1	—	—
	22.	136	40	29.4	4	2.9
	23.	574	207	36.0	6	1.04
	24.	156	45	28.7	1	.6
		2092	680	32.5	35	1.6